Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115232

FILM No. G 126 JUN 30 1950

Reg. Dist. No. 201

1. PLACE OF DEATH
COUNTY Kennedyville Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Wallace	Atwell	May	26	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widowed	Oct 19 1870	79 yrs.	7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier Retired	Mail Carrier	Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Atwell	Abigal Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	no	Mrs Oliver H Atwell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer Primary site: Right side of face in glands from ear (lobe) following angle of jaw (6/30/50 ack)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) unknown.	
	(c)	

200.2
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 19 50, to May 26, 19 50, that I last saw the deceased alive on May 26, 19 50, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M.D.	Still Pond md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 29 1950	Still Pond cem.	Still Pond	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/29/50	E Leonard Jones	B R Fellows	Still Pond Md

22295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05233

Reg. Dist. No. 208

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) (Last) BRINKLEY

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb 17 1897

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Harris

14. MOTHER'S MAIDEN NAME: Francis Munson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: William Thomas Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelogenous Leukemia — Interval between Onset and Death: 2½ yrs.

204.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

740a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to 25 May, 1950 that I last saw the deceased alive on 20 May, 1950, and that death occurred at 1230 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard W Conaway MD. Clayton Del. 26 May 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: May 27/1950 — NAME OF CEMETERY OR CREMATORY: Ridgeview — LOCATION (City, town, or county) (State): Rural Millington Md.

DATE REC'D BY LOCAL REG.: May 26. 1950 — REGISTRAR'S SIGNATURE: Edward Pellows

24. FUNERAL DIRECTOR: Edward Pellows — ADDRESS: Millington Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05234

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 315

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York and Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.D.
STREET ADDRESS (If rural, give location) also lived in Rye, N.Y.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hiram	Staunton	Brown	May	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-23-88	67 yrs.	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Business Executive	(Banking)	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hiram Brown	Mary Haggard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WWI	no	Mrs H. S Brown. Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide. Pistol shot. 40 c

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) through heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Insomnia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Home	near Chestertown	Kent	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
May	4	1950	2:56 A.M.			

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W Smith Deputy Medical Examiner Kent Co Md May 5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 6, 1950	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REG. ~~April~~ May	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-1950	Clara L. Barnes.	J. Willis Wells - Chestertown, Md.

15687

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05235

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 11 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Matilda; (Middle); (Last) Burris
4. DATE OF DEATH: (Month) May; (Day) 23; (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-4-67
9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Johnston
14. MOTHER'S MAIDEN NAME: Josephine Majgren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, chronic	2 years?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.2 1860	(b) Senility	?
	(c) Arthritis	2 years?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of neck of Rt. femur Bronchitis, chronic	11½ months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Ununited fracture neck of ~~left~~ femur
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 1-13-50
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home (CITY OR TOWN) Crumpton (COUNTY) Q.A. (STATE) Md.
TIME OF INJURY (Month) June (Day) 16 (Year) 1950 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell

22. I hereby certify that I attended the deceased from 6-21, 1949, to May 23, 1950, that I last saw the deceased alive on 5-23, 1950, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 5-23-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 5-28-50 | NAME OF CEMETERY OR CREMATORY: Crumpton | LOCATION (City, town, or county): Crumpton (State): Md.

DATE REC'D BY LOCAL REG. May 26-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Edgar L. Lowe ADDRESS: Church Hill Md.

RECEIVED
MAY 29 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05236

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 205

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) IRVIN (Middle) E (Last) DICKERSON

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 23 1873

9. AGE last birthday: 77 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Steam Railroad

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George L Dickerson

14. MOTHER'S MAIDEN NAME: Louisa A West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 716-01-7889

17. INFORMANT AND ADDRESS: Earnest H. Wilkinson Massey Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart failure

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chronic Cardiac Disease

(c) Myocardial Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27 1950, to May 30 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 1 10 P. m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton (Degree or title): M.D. ADDRESS: Millington Md. DATE SIGNED: May 31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 3, 1950 | NAME OF CEMETERY OR CREMATORY: Riverview Cemtry | LOCATION (City, town, or county): Wilmington | (State): Del.

DATE REC'D BY LOCAL REG.: May 31, 1950 | REGISTRAR'S SIGNATURE: Edward F Fellows

24. FUNERAL DIRECTOR: Edward Fellows | ADDRESS: Millington Md.

1024

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVE
JUN 7 1950
BUREAU U. S.

05237

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ASBURY (Middle) F. (Last) HICKS

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 22 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Hicks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-8204

17. INFORMANT AND ADDRESS: Mary Hicks Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a) Chronic Myocardial Insufficiency — Interval Between Onset and Death: 2 years

131b Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1950, to May 7, 1950, that I last saw the deceased alive on 5-1/5/50, 19..., and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton (Degree or title) M.D. ADDRESS: Millington Md. DATE SIGNED: May 11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 11 1950 | NAME OF CEMETERY OR CREMATORY: Blanco Cemetery | LOCATION (City, town, or county) (State): Blanco Del.

DATE REC'D BY LOCAL REG.: May 11, 1950 | REGISTRAR'S SIGNATURE: Edward Tillous | 24. FUNERAL DIRECTOR: Edward Tillous | ADDRESS: Millington Md.

000 VV

RECEIVED
MAY 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05238

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH
COUNTY Kent - Georgetown — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown Chestertown RR
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edward

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.R.
STREET ADDRESS (If rural, give location) Georgetown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	William	Holden	May	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	married	Sept. 7 1893	56 yrs.	5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister	Minister	Patterson Va	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerge Holden	Mekalea —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	9 hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	
	(c) Arteriosclerosis	—

331x
83 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 6, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank N Smith		Chestertown RR	May 9

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 11 1950		Philadelphia Pa

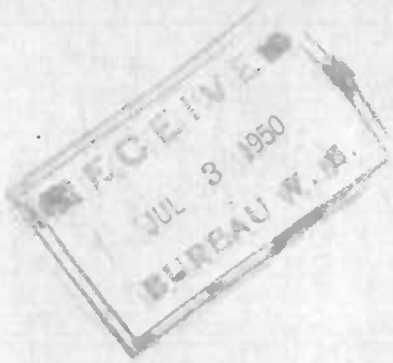
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9 1950	Frank N Smith	Asbury Henry	Chestertown Md.

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUL 3 1950
BUREAU W.B.

M

05239

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ingleside - rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne General Chestertown Md	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Holden		4. DATE OF DEATH (Month) May (Day) 23 (Year) 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: April 23, 1883
9. AGE last birthday: 67 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenet Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Holden		14. MOTHER'S MAIDEN NAME: Julie Davis —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs. Howard Holden, Ingleside Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis - right lung — Longer than 6 days

162x

Antecedent cause(s)

47C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable bronchiogenic carcinoma - rt main bronchus — Longer than 6 days

(c) (according to history (b) probably began 6 months ago)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	~~HOW DID INJURY OCCUR?~~

22. I hereby certify that I attended the deceased from May 17, 1950, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 2:15 p. E.D.S.T. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Warr	M.D.	Chestertown Md	5-24-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/50	Spring Hill	Easton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 24, 1950	Clara S. Barnes.	R.B. Rawlings	Greensboro, Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

I

RECEIVED
MAY 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05240

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓ 357 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee - Chestertown Md

STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Norris (Last) Lewis

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 31 1874

9. AGE last birthday 75 yrs. If under 1 year: Months 9, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (State or foreign country) Kent Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James - Lewis

14. MOTHER'S MAIDEN NAME Ella Scoon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Mary Van Dyke Chestertown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Renal	4 wks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Arteriosclerosis	4 years
	(c)	

442x

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 4.9 m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) ADDRESS Chestertown Md DATE SIGNED May 12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 14, 1950

NAME OF CEMETERY OR CREMATORY Chester Cemetery

LOCATION (City, town, or county) Chestertown Maryland. (State)

DATE REC'D BY LOCAL REG. May 13, 1950

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown

34019

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1950
BUREAU U. S.

3398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05241

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown RR
LENGTH OF STAY (in this place): 3 1/2 mos
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS: Stepney Farm - Broad Neck

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown Maryland R.D.
STREET ADDRESS (If rural, give location): Stepney Farm - Broad Neck

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) SCHNOOR (Last) MARSHALL

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 6 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 5 / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Belvord. N. J.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Jacob Schnoor

14. MOTHER'S MAIDEN NAME: Thusnelda Danz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs J. W. Waugh. Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) CEREBRAL HEMORRHAGE — 5 hrs

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from did not attend, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W. Smith Deputy Medical Examiner. May 16/50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE: May 19 1950

NAME OF CEMETERY OR CREMATORY: Hoboken

LOCATION (City, town, or county) (State): Hoboken New Jersey

DATE REC'D BY LOCAL REG.: May 17-1950

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: Marion V. Williams - Chestertown Md

RECEIVED
MAY 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115242

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent Co Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kennedyville; LENGTH OF STAY (in this place) 34 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kennedyville Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Albert (Last) Money.

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 15 1912

9. AGE last birthday: 37 yrs. If under 1 year: Months 6, Days 2, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant

11. BIRTHPLACE (State or foreign country): Fairlee Kent Co Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac August Money

14. MOTHER'S MAIDEN NAME: Margaret F Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Francis Atwell Money.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	minutes
420.0 Antecedent cause(s)	(b) A.S. Heart disease	1½ yrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1950, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John R Wenner	MD	Box 83 Chestertown	5-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20, 1950.	Chester Cemetery	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/19/50	E Leonard Jones	B R Fellows. Still Pond Md

RECEIVED
MAY 22 1950
BUREAU F. S.

Evidence for change of age shown on:

05243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1[illegible] MAY 25 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown R.D #3
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quaker Neck

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown R.D #3
STREET ADDRESS (If rural, give location): Quaker Neck near Wilkins Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Cornelius	Murray	May	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Married	Feb. 15, 1904	46 47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm work	Quaker Neck Kent Co. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Murray	Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	218-20-8417	Agnes Virginia Murray - Chestertown R.D. 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Abscess - left lung	3 years
Antecedent cause(s) (b)	Pulmonary T.B.	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

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131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2-1, 1950, to 5-16, 1950, that I last saw the deceased alive on 5-16, 1950, and that death occurred at 3 45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Burton Farr	M.D.	Chestertown Md	5-18-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20 1950	Quaker Neck Cemetery	Towsontown Kent Co. Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 19-1950	Clara L. Barnes.	Marvin V. Williams	Chestertown, Md.

8666

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 05244

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2025

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Morgnec
STREET ADDRESS (If rural, give location): Millington R.D. #2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	Moffett	Myers	May	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 25-1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housekeeping	Millington R.D. Kent Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah Moffett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	—	Mrs. Walter Hurlock - Kennedyville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.2 **Immediate cause**	(a) Circulatory failure	10 days
Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, chronic	1 year?
	(c) Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture neck left ~~left~~ femur	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Hospital	Chestertown	Kent	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY Ooccur?
May 27 1950 6 P.m.		Pt. got up & was going to bath room and fell.

22. I hereby certify that I attended the deceased from 5-10, 1950, to 5-31, 1950, that I last saw the deceased alive on 5-31, 1950, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Dick	M.D.	Chestertown, Md.	6-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 3, 1950	Still Pond Cemetery	Still Pond, Kent Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2-1950	Clara L. Barnes.	Marion V. Williams	Chestertown Md

RECEIVED
JUN 5 1950
BUREAU U. S.

05245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.R.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chester River - Near Chestertown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rolpho Way
STREET ADDRESS (If rural, give location) Chestertown R.D. 1

3. NAME OF DECEASED (Type or Print) (First) Nicholas (Middle) R. (Last) Quesenberry Jr.

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH December 18, 1934
9. AGE last birthday 15 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Chest. High School
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nicholas R. Quesenberry Sr.
14. MOTHER'S MAIDEN NAME (Late) Madeline Mahony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. — no —
17. INFORMANT AND ADDRESS Nicholas R. Quesenberry Sr. - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Drowning

Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell off boat at Chester River

(c) Bridge

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No medical attention, 19 , to , 19 , that I last saw the deceased alive on May 27, 1950, and that death occurred at 7:30 a m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) Deputy Medical Examiner ADDRESS DATE SIGNED May 29 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 29, 1950
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown Kent Co. (State) Md.

DATE REC'D BY LOCAL REG. May 29-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marion V. Williams - ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

052 46

1. PLACE OF DEATH · COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 73 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann	STREET ADDRESS (If rural, give location) Hawthorne Road

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) J	(Last) Stevens	4. DATE OF DEATH	(Month) May (Day) 15 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 15, 1871	9. AGE last birthday 79 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police officer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Stevens		14. MOTHER'S MAIDEN NAME Louise Forsythe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Hospital records.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 mos.
442X Antecedent cause(s)	(b) Arteriosclerotic gangrene rt. leg and foot	35 days.
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio-vascular-renal disease	1 year?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture neck of left femur	73 days

19a. DATE OF OPERATION 2-24-50	19b. MAJOR FINDINGS OF OPERATION Fracture neck of left femur	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Rock Hall, (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-21-50 10 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell while firing stove, breaking hip

22. I hereby certify that I attended the deceased from 2-21-, 1950, to 5-15, 1950, that I last saw the deceased alive on 5-15, 1950, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Dick	M.D.	Chestertown, Md.	5-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE May 18	NAME OF CEMETERY OR CREMATORY Wesley Chapel	LOCATION (City, town, or county) Rock Hall (State) Md.
DATE REC'D BY LOCAL REG. May 18-1950	REGISTRAR'S SIGNATURE Clara S. Barnes	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill

604 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1950
BUREAU F. S.

05247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall R R — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Albert (Last) Thomas

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Male — 6. COLOR OR RACE col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single — 8. DATE OF BIRTH Mar 27 1930 — 9. AGE last birthday 20 yrs. — If under 1 year Months 2 Days 8 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucker — 10b. KIND OF BUSINESS OR INDUSTRY Employee — 11. BIRTHPLACE (State or foreign country) Rock Hall — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Thomas — 14. MOTHER'S MAIDEN NAME Gladys P. Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. 218-24-4212 — 17. INFORMANT AND ADDRESS Alfred Thomas - Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accident - Abdominal Hemorrhage from ruptured liver & spleen, Fracture of ribs on Right side

812.5

Antecedent cause(s) (b) Fracture of Left Humerus

170 C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hit & run driver.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Known to have been drinking

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Road — (CITY OR TOWN) near Rock Hall — (COUNTY) Kent — (STATE) Md

TIME OF INJURY (Month) May (Day) 6 (Year) 1950 (Hour) 2 A m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Under investigation — Pedestrian

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W. Smith Deputy Medical Examiner — ADDRESS Kent Co — DATE SIGNED May 6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 9 1950 — NAME OF CEMETERY OR CREMATORY Sharpstown Cem. — LOCATION (City, town, or county) Rock Hall, Kent Co. — (State) Maryland

DATE REC'D BY LOCAL REG. 5/9/50 — REGISTRAR'S SIGNATURE S. Elwood Burgess — 24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown — ADDRESS Maryland

496 X 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

L. Arm Hemorrhage

Right arm. leg - hand

Sub Dura
Hardoma

Posterior scalp Lefeul

Rib Fracture R side

Abdomen Cavity

Fillet with blood

Diaphragm

RECEIVED
MAY 16 1950
BUREAU V. E.